

Lost Check Form

Please send completed form to Payroll Office
 Fax: 541-346-2393
 Phone: 541-346-3151

Employee Information

UO ID _____ Name _____
Last First Middle

Email _____

Phone _____

Pay Event

Year _____ Pay Number _____ Check Amount _____ Check Number _____

Employee Declaration

I am the lawful Payee of the University of Oregon check referred to above.

The check has been **Lost** **Destroyed** and has not been paid. *(Please attach any remaining pieces.)*
Stolen **Expired** and has not been paid. *(Please attach original.)*

I furnish this statement in compliance with Oregon Revised Statute 293.475 to obtain, from the Disbursing Officer of the University of Oregon, a duplicate check for the same amount as the original.

I understand that if the original check is recovered, it must be returned immediately to the Payroll Office.

 Signature Date

Check Delivery

Pick Up in Payroll **US Mail to employee address currently on file**
(If you need to update your address please contact the Payroll Office)

Payroll Office Use

Authorization *(Payroll Office Use)*

	Name	Signature	Phone	Date
Payroll Officer				